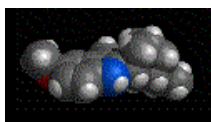


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The Ibogaine Dossier

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Does One Trip Equal 30 Years On A Therapist's Couch?

Nina L. Diamond

(Reprint, OMNI Magazine, February, 1994 edition)

It's the closest thing anyone's seen to a bona fide cure for drug and alcohol addiction, yet, paradoxically, ibogaine's curative power seems to derive from its consciousness-altering properties. Despite the government's historic queasiness about sanctioning studies of mind-active drugs, ibogaine penetrated the bias and survived to become only the second psychoactive drug to get the green light on the long road to FDA approval (MDMA was the first). "The FDA has been very responsive on this one," says neuroscientist Deborah Mash of the University of Miami. Mash heads the team conducting the FDA human safety trials.

Mash is the latest link in the ibogaine story, but one who will bridge the gap between anecdotal evidence and scientific proof needed for FDA approval. Ibogaine is derived from the roots of Tabernanthe iboga, a shrub native to equatorial Africa, where tribes have long used it in small doses to remain alert while hunting and in larger amounts during sacred rituals. In 1962, heroin addicted Howard Lotsof took a trip on ibogaine and afterward found that he'd lost his desire for heroin and suffered no withdrawal symptoms (see Mind, July 1993 Omni). Lotsof gave the substance to other addicts, and they, too, were unhooked from drugs that previously ruled their lives. "The International Coalition for Addict Self-Help ran underground trial testing on ibogaine," Mash says, "and it was found to cure addiction to heroin, cocaine, and other substances."

In 1986, Lotsof formed NDA International and secured a use patent on ibogaine for treating drug and alcohol addiction. Underground trials began in the Netherlands in 1990, with more than three dozen addicts since treated as test cases. Tests will soon begin in other European countries and in Israel. Mash was among the American investigators invited to Leiden to witness ibogaine in action. "I call it a chemical bar mitzvah," she quips. "It's a psychoactive drug, but not a hallucinogen like LSD. It puts you into a thirty-six-hour waking dream state. During this altered state of consciousness, you relive your childhood experiences, get to the root of your addictions."

"Ibogaine was used as a rite of passage in Africa," says Lee Hearn, laboratory director of the Metro-Dade Medical Examiner's Department and a member of Mash's team. "Now it may be used to reprogram an addict's life. Anecdotal reports indicate that while on ibogaine, he or she is detached from childhood recollection, but is reexamining, coming to grips with it, perhaps understanding it for the first time. All neuroses are potentially solvable this way. Drug addiction," he adds, "is an illness of the spirit. If you're going to cure it, you have to do so at that level."

Mash remembers Mark, an American in Holland for ibogaine treatment. "His brain was working overtime. He was viewing his past as a detached participant, observing where he went wrong, reintegrating it. He didn't want to speak or be interrupted. I spoke to him but didn't want to be intrusive." On ibogaine, one may confront experiences long ago swept under the emotional carpet. Scientists have been startled to see that ibogaine cures the anxiety of decoupling from a long-term habit, prevents withdrawal symptoms, and relieves - although not completely eliminates - cravings. "Mark went thirty days without craving, but then it started," Mash reports. "We don't understand craving, although it's tied to relapse. An addict will tell you it's triggered by certain cues. We think it's similar to classical conditioning (see Mind, November 1993 Omni)."

Mash is testing ibogaine's pharmacologically active metabolites. "If craving returns to some



extent in some people, it may be because ibogaine's metabolites are washing out over time," she speculates. "Maybe we'll need something after ibogaine for maintenance." But so far no one has had a bad trip, and the only side effects reported are slight nausea and imbalance at the treatment's beginning. In monkey studies, Mash found no brain toxicity. "Toxicity only showed up in a study at John Hopkins University, and it was only toxic in near-lethal high doses." Yet ibogaine's physiological mechanism remains a mystery. It doesn't bind to any known brain receptor, says Mash, whose team includes a neurologist, a psychiatrist specializing in addiction, and a social worker expert in "inner child" work.

"A negative bias has evolved surrounding the use of psychoactive drugs," Hearn laments, "because of recreational uses of substances like LSD. It's a mistake to label them as bad because they're mind active. Maybe ibogaine will change some misperceptions and open the door to research with psychoactive drugs." Mash agrees. "Treating drug dependence with a drug is still considered ironic." Also ironic, she adds, is the first trials are taking place in Miami, the premiere transit point for cocaine in this country.

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